

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HUMAN METHIONINE SYNTHASE REDUCTASE: CLONING, AND METHODS FOR EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, AND CANCER, the specification of which

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____
and was amended on _____.
☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Serial Number	Filing Date	Priority Claimed?
			Yes/No
			Yes/No
			Yes/No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Serial Number	Filing Date	Status
09/232,028	January 15, 1999	Pending
60/071,622	January 16, 1998	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162, Karen L. Elbing, Ph.D. Reg. No. 35,238, Kristina Bieker-Brady, Ph.D. Reg. No. 39,109, Susan M. Michaud, Ph.D. Reg. No. 42,885.

Address all telephone calls to: Kristina Bieker-Brady, Ph.D. at 617/428-0200.

Address all correspondence to: Kristina Bieker-Brady, Ph.D. at Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Roy A. Gravel	Montreal, Quebec Canada	24 Anwoth Road Westmount, Quebec H3Y 2E7 Canada	Canada
Signature:			Date:

COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Rima Rozen	Montreal West, Quebec Canada	9 Fairfield Montreal West, Quebec H4X 1R5 Canada	Canada
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Daniel Leclerc	Montreal, Quebec Canada	39 86 th Avenue Montreal, Quebec H1A 2J9 Canada	Canada
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Aaron Wilson	Montreal, Quebec Canada	2085 Guy, Apt. #202 Montreal, Quebec H3H 2M1 Canada	Canada
Signature:			Date:

COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
David Rosenblatt	Montreal, Quebec Canada	4840 Cote St. Luc Road, Apt. 1201 Montreal, Quebec H3W 2H1 Canada	Canada
Signature:			Date:

Applicant or Patentee : Roy A. Gravel et al.
 Serial or Patent No. : 09/232,028
 Filed or Issued : January 15, 1999
 Title : HUMAN METHIONINE SYNTHASE REDUCTASE: CLONING, AND METHODS FOR
 EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, AND CANCER

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: McGill University
 Address of Organization: 845 Sherbrooke Street West, Montreal Quebec H3A 2T5 Canada
 Type of Organization:

- ☒ University or Other Institution of Higher Education
☐ Tax Exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))
☐ Nonprofit Scientific or Educational under Statute of State of the United States of America
 Name of State:
 Citation of Statute:
☐ Would Qualify as Tax Exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) If Located
 in the United States of America
☐ Would Qualify as Nonprofit Scientific or Educational under Statute of State of the United States of America If
 Located in the United States of America
 Name of State:
 Citation of Statute:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled HUMAN METHIONINE SYNTHASE REDUCTASE: CLONING, AND METHODS FOR EVALUATING RISK OF NEURAL TUBE DEFECTS, CARDIOVASCULAR DISEASE, AND CANCER by inventors Roy A. Gravel, Rima Rozen, Daniel Leclerc, Aaron Wilson, and David Rosenblatt described in

- ☐ the specification filed herewith.
☒ application serial no. 09/232,028, filed January 15, 1999.
☐ patent no. [**PATENT NUMBER**], issued [**ISSUE DATE**].

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name:
 Address:
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

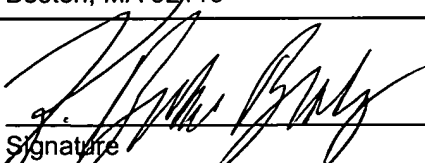
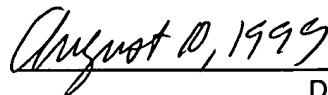
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name: Alex Navarre, Ph.D.
 Title: Director of Office of Technology Transfer
 Address: 845 Sherbrooke Street, West, Montreal, Quebec, H3A 2T5 Canada

Signature:  Date: 21/06/99

09/232,028 - 081099

03-2095-044-2260

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/232,028 and such small entity status is still proper and desired.	1 page
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$380	\$ 380.00
Excess Claims Fee: 35 - 20 x \$9	\$ 135.00
Excess Independent Claims Fee: 12 - 3 x \$39	\$ 351.00
Multiple Dependent Claims Fee: \$130	\$ 130.00
Total Fees:	\$ 996.00
<input checked="" type="checkbox"/> Enclosed is a check for \$996.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
 _____ Signature	 _____ Date